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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 656664   (0)
1. Corporation Name

BRAUN ELEVATOR CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2037 NOTTINGDALE LANE PO BOX 4180 WINTER PARK FL 32793	2037 NOTTINGDALE LANE PO BOX 4180 WINTER PARK FL 32793-4180

3. Date Incorporated or Qualified **02/21/1980**	3a. Date of Last Report **04/24/1996**	
4. FEI Number **59-1970512**		Applied For / Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		

2. Principal Place of Business
21 *2037 Nottingdale Ln*
Suite, Apt. #, etc.
22

City & State
23 *Winter Park, FL*
Zip 24 *32792* **Country** 25 *USA*

2a. Mailing Address
26 *2037 Nottingdale Lane*
Suite, Apt. #, etc.
27

City & State
28 *Winter Park FL*
Zip 29 *32792* **Country** 30 *USA*

9. Name and Address of Current Registered Agent

BRAUN, SILVIA
2037 NOTTINGDALE LANE
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **BRAUN, WALTER J.**		1.2 NAME	
STREET ADDRESS **2037 NOTTINGDALE LANE**		1.3 STREET ADDRESS	
CITY-ST-ZIP **WINTER PARK FL**		1.4 CITY-ST-ZIP	
TITLE **DST** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **BRAUN, SILVIA**		2.2 NAME	
STREET ADDRESS **2037 NOTTINGDALE LANE**		2.3 STREET ADDRESS	
CITY-ST-ZIP **WINTER PARK FL**		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _Silvia Braun_   4-18-97 (407) 679-7585